

Maine Health Information Center: Scope of Work Outline for Preparing Cost Metrics Data by Massachusetts Hospital

Provider Linkage, Data Preparation

1. Identify all payer specific codes for an individual Massachusetts hospital and create master provider file
2. Identify roll up algorithm for each payer
3. Roll up hospital claims and create Massachusetts hospital data
4. Assign a unique identification number to each inpatient hospital discharge
5. Assign APR DRG 20, APR DRG 24, and appropriate CMS DRG to each inpatient hospital discharge

Data Validation

1. Generate and review PMPM reports by payer (one for inpatient and one for outpatient)
2. Identify and exclude payer data with significant deficiencies
3. Compare total inpatient charges by hospital to total Division commercial inpatient charges for Massachusetts residents from discharge data
4. Compare frequency of DRG by hospital to Division inpatient data – commercial discharges
5. Compare frequency of DRG by hospital to Division inpatient data – Blue Cross as payer

Inpatient Data Issues

1. Standardize inpatient payments – removing payments for professional services
2. Map ICD-9 codes to appropriate grouper version
3. 66% of all discharge claims have one ICD-9 procedure code; 1% have two ICD-9 procedure codes

Overview of Record Selection For Massachusetts Hospital Data

PAYERS

Blue Cross Blue Shield of Massachusetts, Cigna Healthcare of Massachusetts
Connecticare of Massachusetts, Connecticut General Life Insurance Company
Fallon Community Health Plan, Harvard Pilgrim Health Care
Health New England, Tufts Health Plan

PROVIDER RECORDS

1.1 Million Provider Codes
113,500 Tax ID Numbers

POSSIBLE HOSPITAL PROVIDER RECORDS

32,700 Provider Codes
216 Tax IDs

POSSIBLE HOSPITAL INPATIENT AND OUTPATIENT CLAIMS

55 Million Records

SELECTED HOSPITAL PROVIDER RECORDS

2,585 Provider Codes
193 Tax IDs

SELECTED HOSPITAL INPATIENT AND OUTPATIENT CLAIMS

1,305,202 Inpatient Records
20,734,942 Outpatient Records